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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **225997** **(6)**

1. Corporation Name
NORTH CHANNEL CORPORATION

Principal Place of Business	Mailing Address
17 E. 47TH STREET NEW YORK NY 10017	17 E. 47TH STREET NEW YORK NY 10017-1920

3. Date Incorporated or Qualified: **07/16/1959**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **59-0980208** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, CARL M
C/O ULMER, MURCHISON, ASHBY & TAYLOR
200 W. FORSYTH ST., STE. 1600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: ROGERS, TOWERS, BAILEY, JONES & GAY
82 Street Address (P.O. Box Number is Not Acceptable): c/o CARL M. STEWART
83: 1301 RIVERPLACE BLVD. SUITE 1500
84 City: JACKSONVILLE FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carl M Stewart — DATE: 3/14/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLOANE, HOWARD G. 8 OAK LANE LARCHMONT NY ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SMADBECK, ARTHUR J. R.F.D. 65-A BOX 3 EDGARTOWN MA ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASAT GUCE, RENATO 71-18 162ND STREET FLUSHING NY ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 4 TIMBER RIDGE DR. CORAM, N.Y. 11727
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMADBECK, PAUL 320 TITICUS ROAD NORTH SALEM NY ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HART, WILLIAM D., JR. DEER PARK ROAD NEW CANAAN CT ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAT ROSENBAUM, HOWARD 328 E. 52ND ST NEW YORK NY ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Rosenbaum — Howard Rosenbaum — 3/19/97 — 212 371-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003849

NORTH CHANNEL CORPORATION

Name of Officers & Directors	Title	Address City & State
Virginia Sloane	P/D	8 Oak Lane Larchmont, NY 10538